1	1				STATE	OF MARYLAND					
k	1	FOR STATE REGISTRAR		DEPARTA		ALTH AND MENTAL HYG CATE OF DEATH	SIENE 8	2 REG. NO.		5 6	74
(man)		CEASED NAME FIRST	MIDD	E	LAS	Ť	20 DATE OF	DEATH MONT	H DAY	YEAR	26 HOUR
og de de			tia Mc I	ellan	Bro	own		June	12.	1982	10:25 P
ů di	3. SE	х .	4 RACE		5. DATE OF	BIRTH YEAR	6 AGE INTE	RS LAST BIRTHDAY		UNDER 1 YEAR	IF UNDER 24 HP
ge 4		Temale	White	100	Aug.	20.1905		76	YRS.	DATS	HOURS MIN.
2 bod 9	Jo B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	8 MAPPIED	□ NEVER MARRIED □	9 BALTIMOR	E CITY OR CO	UNTYO	FDEATH	
deoth Janer	Ma	aine	U. S.	Α.	WIDOWED		Char	les Co	unt	у,	MD
he fur with	10. C	ITY OR TOWN OF DEATH		CHITY, GIVE STREET		OTHER INSTITUTION	120 USUAL O	CCUPATION OR MOST OF WOR	KING HEEL	126. KIND O	F BUSINESS OR
by the	L	a Plata				ial Hospita	-	sewife			Home
how de	U5U 13a	AL RESIDENCE (IF NURSING HOWE OF	OTHER INSTITUTION GIVE		ADMISSION)	3d. INSIDE CITY LIMITS?	13e STREET A				TOTILE
2 = 5 / (a) 1 / (b) 1 / (c) 1	M		1	Millto		YES NO X		ring :	Stre	et	
orthing 2 sty	14. F.	ATHER'S NAME	MIDDLE	LAST		5 MOTHER'S MAIDEN NA	ME	WIDDLE			
puo puo		Charles		c Lella	an	Cora		WIDDLE		Jo	ones
dicol dicol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECU	RITY NO.	7 INFORMANT		ADDRESS	RR 1	Box	
Pool O	L '	No		005-20	-4105	Mrs. Loi	s Kamp	o.Whi			
ore lost sicion of the lost sici		18 CAUSE OF DEATH (Enter or				_	1 /			BETWEEN	MATE INTERVAL
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th ce corbing of ic		4100	DUE TO, OR AS	S A CONSEQUE	NCE OF			P. 7		-	1
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the remo		gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUE	NCE OF						
thot d by eose ol, cre		underlying cause lost.	((c)								
igne gne buri buri	7	PART 2 OTHER SIGNIFICANT	ONDITIONS CONT	RIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN	IN PART TO	GUA-
requered to the second of the	CERTIFICATION	PULMONAR		A, INZ	EUMON	VIA ARTH	12-1715	RE	DA	LIK	MULLE
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ATTI Sprit d for d for m 21		sow the deceased alive an abave, (1) (we) (did) (did no) view the body after	er deoth		that in (my) (aur) apinion	death accurred	on the date or	d hour a		
OR A DIRE DOCHED		Purelio C	-1. 6. 2	0	M.	GREE ATTENDING	MEDICAL _	STAFF		22c DATES	
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BP		Burial	06/16/8	32 Sou	uth P	rinceton		h Pri	. W	ash	Maine
DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR		ADDRESS		25a, DAT	N 9 1 10	82 2	EGIS)	1	and Colors
(400 13, 4)	Ar	ehart/La Plat	a, Md.&S	cott-W	ison/	Calais, Ma	Tute 10	07			

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3 S	EX	4. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEAR			DER 24 HRS.	2c. DAT		MONTH			2d HOL
	male	white	8 20	26	55 YRS	MOITIN	S DAYS HOU	MIN.	DEA	D	6	22	2 19 82	5:27
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1	La Pla	ata		cians	Memoria	al Ho		FOR	most of wo		PE OF WORK	0	IND OF BU OR INDUST	RY
	JAL RESIDENCE STATE Md	13b. COUN	OR OTHER INSTITUTION, C ITY	13c. CITY	or town		13d. INSIDE CITY LIM		REET ADD	tober	Place	e		
14.	FATHER'S NAME		WIDDLE		LAST		15. MOTHER'S A	AIDEN NAM	E	MIDDLE			LAST	
160	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURITY	NO.	17. INFORMANT			6034ES	Rich	mond	Hwy.	
	Yes	(# 163, GIVE	An United	578	-28-135	3	Cynthia	a Simmo	ons	Alexa	ndria	a, V	a. 22	2303
	18 CAUSE C	F DEATH (Enter on	ly one cause per lin									BET	APPROXIMATE	E INTERVAL
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	Canditio	ns, if any, which	DUE TO, O	R AS A CON	ISEQUENCE OF	F								
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	lying cou		DUE TO, O	RASACON	ISEQUENCE OF	F								
1		GNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMIN	IAL DISEASE	DR CONDITION GIVEN	IN PART I (o).						
MEDICAL CERTIFICATION														
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	deoth result		ral causes V	Accident		ide .	Homicide [Inquir		nd in my o	pinian		
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24	FUNERAL DIRECT		ADDRES	s			25a. D	ATE REC'D. B		AR 256 REG	ISTRAR'S	SIGNA	TURE	
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Huntt Funeral Home, Waldorf, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME (TYPE OR PRINT) Catherine Victoria Colona June 1, 1982 & AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH Charles 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR U.S. Gov't Powder Worker 10 Oak Street Adams ADDRESS 00 Bland Drive 218-32-4869 Barbara L. Prasser Indian Head, Md. PARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART | OR PART 2) COUNTY CITY OF TOWN and that in my (our) opinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN 6-1-82 La Plata, Maryland 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial 6-4-82 All Faith Ch. Cem. Mechanicaville,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤾

W. Catherine Victoria Lalons . June 1, 1982 - 102145 Canale Can. Page 92 Indian Head 19 Dik Street (Residence) Fauder Uarker M.4. Sqvit. Jones II. Unkle Diisy hand pdam I svird boats one ----- 218-72-4869 Jerbern L. Frunger Indian Herd, Nd. 88-1-8

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Luxial Sev-82 All Falth Ch. Cem. Wechanicaville, Gt. Marya.

H. L. Burke, M.D.

	١.	FOR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL F	IYGIENES 2	5 6 / 8
	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(SA)		CEASED NAME FIRST	BERT FA	RRELL SR	20. DATE OF DEATH MONTH	5 1982 26 HOUR 9 41 MM
A service	3 SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
urs a		Male	White	August 16,192		
72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED		
ord P		aryland ITY OR TOWN OF DEATH	U. S. A.	WIDOWED DIVORCED TURSING HOME OR OTHER INSTITUTION	CX Charles Co	UNITY MD. 12b. KIND OF BUSINESS OR
bel will	1		(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	Self-Employ
be f	USU	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE			13e11-Employ
The second				R TOWN 136 INSIDE CITY LIMITS		03 Prospect St
Wine		ATHER'S NAME	MIDDLE LA	15. MOTHER'S MAIDEN	NAME	IASI
/BCX		George	Lancaster	Catherin	ne	Quade
medico		VAS DECEASED EVER IN U.S. A		16-5589		O.Box 572
e m	-	Yes Wh		Mary Fari	cell La P	lata, Maryland APPROXIMATE INTERVAL BETWEEN ONST AND DEATH
mit. Then please remove co prior to burial, cremation, a any injury, ar other traumat	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OR AS A CON (c) + HM T CONDITIONS CONTRIBUTION	nary atheroscler	20a AUTOPSY? 20b. IF	GIVEN MPART 1101 YES, WERE FINDINGS USED RITEFING CAUSES OF DEATH?
shows	RTIF			Minks of 1985 In	YES NO	YES NO
n 18 s		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	LIGHTS AND MONTE	H DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART (OR PART 2)
or then	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIII	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
70	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,		CITY OR TOWN	COUNTY STATE
Hork			pital) attended the deceased		13.10 5-10	
of H		sow the deceased glive obove (1) we (did)	view the body ofter death	19.82, and that ir (my) our) opini	ion death accurred on the date and	hour and from the couses stated
note Dept.		226 SIGNATURE	1 & Buch	DEGREE ATTENDING PHYSIGIAN PHYSIGIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	274. DATE SIGNED 6-25-82
the SRTA		22d. PHYSICIAN'S NAME (TYP	1 1	D Cindon	9	
should be deto with the State I	230	Henry L,		1234 NAME OF CEMETERY OR CREMATOR		
	230.	(SPECIFY) Burial	06/28/82	Cedar Hill	Suitland P	cince Goo Md.
OM 2/80	24 F	UNERAL DIRECTOR		25a. [DATE REC'D. BY REGISTRAR	151) (8) Sicustina .
15, 4)	A	rehart Funer		La Plata Md	IUN 2 9 1982	4

Managened CON FOR Each and Control of the Control o Sentra de la compansión de Compansión de la compansión de puriet Daysayes U Cedar Hills | Gulthand Prince Leg. Mi. Areners Suneral home, Inc. . Te State. 18. 1882 9 1982

STATE OF MARYLAND

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	- STATE REGISTRAR		,	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		REG. NO.	150	0 0
	PECEASED NAME	FIRST		AIDDLE	LAST	2e. DATE OF DE		DAY YEAR	2b. HOUR
		CHARI		I MES	SERLA		JUNE	25,1982	
3 5	male	ľ	white		S. DATE OF BIRTH		LAST BIRTHDAY)	MONTHS DAYS	
70.	BIRTHPLACE (STATE	OR FOREIGN 7		WHAT COUNTRY?	Nov. 16, 190	- P BALTIMORE	CITY OR COU	NTY OF DEATH	
End-1	COUNTRY! Sissouri		U.S.		MARRIED WEVER MARRIE	CHART			M
	CITY OR TOWN OF		II. NAME OF	OSPITAL, NURSIN	IG HOME OR OTHER INSTITUTIO		CUPATION R MOST OF WORKIN		OF BUSINESS OR
24	LA PLATA					AL Rigge		U.S.	Navy
130	UAL RESIDENCE (FI STATE	136 COUNT	TY	GIVE RESIDENCE BEFOR	N 134 INSIDE CITY LIM	ITS? 13e STREET AD			
	FATHER'S NAME	117	IDDLE	LAST	15 MOTHER'S MAID		NDDIE	LA	ST
00	Leopld			esserla			10000	Speckm	
160	WAS DECEASED ET	IF YES, GIVE	WAR OR DATES)	166 SOCIAL SECU			ADDRESS		20625
1 -	Yes		-1941	220-46-		a Messerl	a-Cobb		
	PART I. DEAT	H WAS CAUSED	BY.	Cardia	0 0	Orrest		BETWEEN	KMATE INTERVAL
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	Conditions, if	onv. which	1	K AS A CONSECU	ENCE OF SOME ALLE				
			(b)		Children Alberta	ma			
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	gove rise to couse (o), st underlying co	immediate tating the buse last	(Ic)		ENCE OF	E TERMINAL DISEASE C	R CONDITION	GIVEN IN PART I	(0)
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MEDICAL CERTIFICATION	PART 2 OTHERS 190 DATE OF OPI 210 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY MELT OF OPI 210 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY MELT OPI	Immediate totaling the puse lost SIGNIFICANT CO ERATION SUNDERLYING	Ic) ONDITIONS CO	TION FOR WHICH FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, deceosed from 19	OPERATION WAS PERFORMED AY YEAR 19 216 HOW INJURY CO FARM, ETC.) 216 LOCATION STREET DEGREE	YES NOCCURRED (ENTER NATURE) CI To to pinion death occurred o	Y? 20b. IF IN CE IN CE OF INJURY IN ITEM	YES, WERE FINDING CAUSES YES COUNTY 19 22c. DATE	INGS USED S OF DEATH? NO STATE
H Hem 21 is morked or Hem 18 shows ony injury, or MEDICAL CERTIFICATION	PART 2 OTHERS 190 DATE OF OPI 210 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTEY W 210. IN JURY OCC WHILE AT WORK AT WORK 220. Certify the sow the decobove, (I) (w 22b SIGNATURE	ERATION SUNDERLYING CAUSE OF DEAT AEDICAL EXAMINER TO WHILE CAUSE OF DEAT IT WORK It (1) (this hospital cosed olive on cause) (did) (this hospital cosed olive on cause)	21b. TIME O HOUR AJ 21e PLACE (AT HOME, STR 1) opended the	TION FOR WHICH FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, deceosed from 19	OPERATION WAS PERFORMED AY YEAR 19 216 HOW INJURY OF STREET SEPTEMBY, 19 22, and that in (my) (sort) of DEGREE M.D. ATTEND	200 AUTOPS YES N CCURRED (ENTER NATURE) CI The state of the state	Y? 20b. IF IN CE IN CE OF INJURY IN ITEM	YES, WERE FINDING CAUSES YES COUNTY 19 22c. DATE	STATE that (1) (wee) lost
If Item 21 is marked or Item 18 shows ony injury, or MEDICAL CERTIFICATION	PART 2 OTHERS 190. DATE OF OPI 210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTEY M 21d. IN JURY OCC WHILE AT WORK 22d. PHYSICIAN'S 22d. PHYSICIAN'S	ERATION SUNDERLYING CAUSE OF DEAT AEDICAL EXAMINER] CURRED OT WHILE COSED OF CAUSE OF DEAT AT (I) (this hospite cosed olive on cosed olive	IC) ONDITIONS CO 19h CONDI 19h CONDI 21h TIME O HOUR A.I P.I 21e PLACE ([AT HOME, STR) view the body	TION FOR WHICH FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, deceosed from 19	OPERATION WAS PERFORMED AY YEAR 19 216 HOW INJURY OF STREET SEPTEMBER 19 217 LOCATION STREET DEGREE PHYSIC 22e ADDRESS	200 AUTOPS YES N CCURRED (ENTERNATUO) CI Punion death occurred of the course of th	Y? 20b. IF IN CE IN CE OF INJURY IN ITEM TY OR TOWN STAFF PHYSICIAN	YES, WERE FINDING CAUSE: YES LIB, PART TOB PART 2) COUNTY 19 22c. DATE	STATE that (1) (wee) lost
MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or the state of the state	gove rise to couse (o), st underlying cc PART 2 OTHERS 190 DATE OF OPI 210 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTHY M AT WORK	ERATION SUNDERLYING CAUSE OF DEAT AGEDICAL EXAMINERS LT WORK SINDERLYING CORRED TO WHILE CORRED LT WORK SOURCE CORRED LT WORK SOURCE CORRED LT WORK TO CORRED TO WHILE CORRED TO WHIL	Ic) ONDITIONS CO 19h CONDI 19h CONDI 21h TIME O HOUR A.I 21e PLACE (AT HOME, STR View the body M. D.	TION FOR WHICH FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, 1 e deceosed from	OPERATION WAS PERFORMED AY YEAR 19 216 HOW INJURY CO FARM, ETC.) 216 LOCATION STREET COMPANY DEGREE PHYSIC 226 ADDRESS CHARLES	200 AUTOPS YES N NOCCURRED (ENTERNATUO) CI PINION death occurred of the control of the contr	Y? 20% IF IN CE OF INJURY IN ITEM TY OR TOWN STAFF PHYSICIAN DNAL B	YES, WERE FINDING CAUSE: YES COUNTY 19 22. hour and from the UILDING MAR	STATE store (I) (we) lost e couses stoted WALDOF
MPORTANT: If Hem 21 is morked or Hem 1	PART 2 OTHERS 190. DATE OF OPI 210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTEY M 21d. IN JURY OCC WHILE AT WORK 22d. PHYSICIAN'S 22d. PHYSICIAN'S	ERATION SUNDERLYING CAUSE OF DEAT AGEDICAL EXAMINERS LT WORK SINDERLYING CORRED TO WHILE CORRED LT WORK SOURCE CORRED LT WORK SOURCE CORRED LT WORK TO CORRED TO WHILE CORRED TO WHIL	IC) ONDITIONS CO 19h CONDI 19h CONDI 21h TIME O HOUR A.I P.I 21e PLACE ([AT HOME, STR) view the body	TION FOR WHICH FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, 1 e deceosed from	OPERATION WAS PERFORMED AY YEAR 19 216 HOW INJURY CO FARM, ETC.) 216 LOCATION STREET DEGREE M.D. ATTEND PHYSIC 226 ADDRESS CHARLES	200 AUTOPS YES N PECCURRED (ENTER NATURE CI TO DESCRIPTION OF TO STATE OF	Y? 20b. IF IN CE OF INJURY IN ITEM TY OR TOWN TY OR TOWN STAFF PHYSICIAN DNAL B1	COUNTY YES, WERE FINDING CAUSE: YES COUNTY 19 22. LIB, PART TOB PART 2) TOB PART 2) COUNTY LIB, PART TOB PART 2) COUNTY ADDING MAR. COUNTY	STATE store (I) (wee) lost e couses stated WALDOF
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bot Should		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	7.7.23
To To	1	New York	U.S.A.	WIDOW		Charles		MD.
100	10 CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
Tiled to		a Plata	Charle	es County	Nurseing Ho			Home
uld be	130.5	TATE 13b COU	or other institution, give NTY arles Ir	RESIDENCE BEFORE ADMISSION) CITY OR TOWN Idian Head	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 13. Greenw	ood Place	Potoma
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	16a V	AS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	17 INFORMANT		Box 1444	
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he m					Toosepii Hyre	=3-50H	La Plata,	MATE INTERVAL DISET AND DEATH
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e con		Southern Law 111	DUE TO, OR AS	A CONSEQUENCE OF			10	-15 minute
e atter mave (nation) traum		Canditians, if any, which gave rise to immediate			,			
by th ise re crer other		cause (a), stating the underlying cause last	DUE TO, OR AS	FOOD IN	LOS MAITH			
pleo prod.	34	PART 2 OTHER SIGNIFICANT	(0)		NOT RELATED TO THE TERM	MIN DISEASE OF COURT	TION CAUSIN BURNEY	
sign hen no bu	Z	SENILITY			- INFECTION		LESPINATOLY	To 7.
mit I	ATIC	19g DATE OF OPERATION		N FOR WHICH OPERATIO			206. IF YES, WERE FINDIN	GS USED
	IFIC					YES NO	TH CERTIFYING CAUSES	
burial-transit pe Mental Hygiene or Item 18 shaws	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR			
certificate material strains of the strain o		OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR	-30 *-7			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IN		211 LOCATION			
h and	ME	WHILE NOT WHILE AT WORK		ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
R. A use teals		220.1 certify that (It (this hasp		ceased fram 7- 20		, to	, 19 52 , 1	that (Ir (we) last
for of the	1	saw the deceased alive a abave, (1) (we) (did) (did n	at) view the bady after	19 6 4 . a	nd that in (my) (aur) apinian o	death accurred an the date	and haur and fram the c	lauses stated
DiRE Dept Filter		226 SIGNATURE		1	DEGREE		22c. DATE	
AL D detac ate D		Churchio (- de lang	Kay 14	PHYSICIAN Z	MEDICAL STAFF DIRECTOR PHYSICIA	N 6-2.	5-82
TO FUNERAL should be determed by the Should be determine MPORTANT:	1	226. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
TO FUNERAL IS should be deto with the State IMPORTANT: IF					100 miles			
5 d x x x	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	B	urial	6/29/8	2 St. Ch	Cem.	Grymont	Charles,	Marylan
6 60M 1/75	24. FL	INERAL DIRECTOR			250 DATE	REC'D. BY REGISTRAR	REGISTPARS SIGNA	Ste.
A 15 (4))	A.	rehart Funer	al Home,	Înc.,La	Plata, Md	1 1982	want france	

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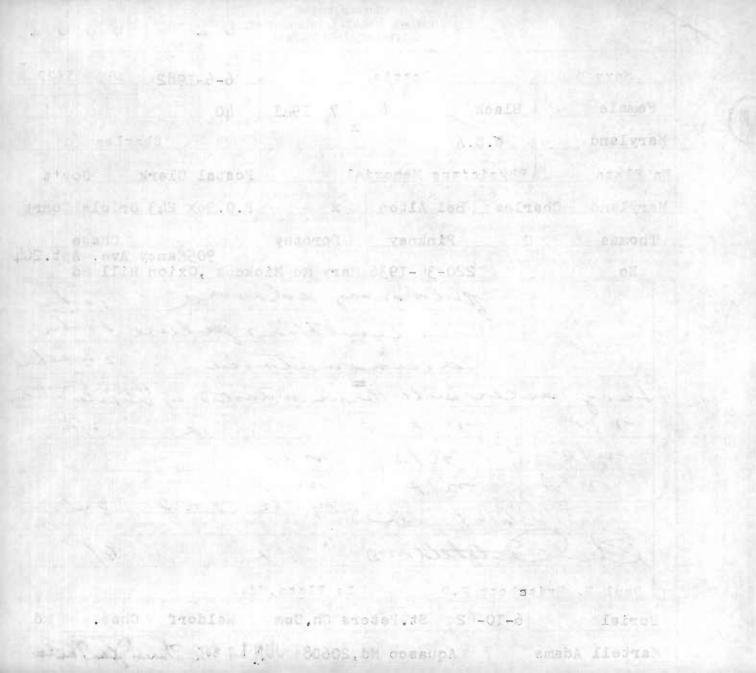
Aquasco Md. 20608

- STATE

(VRA 15, 4)

Martell Adams

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME F#RST MIDDLE 2g. DATE OF DEATH MONTH (TYPE OR PRINT) Laurenda 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE IIN YEARS LAST BIRTHDAY DAYS 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 120 USUAL OCCUPATION FAOT IN SUCH FACE DY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE! Supervisor-Ret U.S. Gov 4 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATP 134 COLUMN 134 GITY OR TOWN 13d INSIDE CITY LIMITS? TEMO Box 225 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDI FIRST 0 mario 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO DR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 20), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 OF VITAL RECORDS, CERTIFICATION 0 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? YES T NO NO F Hygie 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P M 10 214. INJURY OCCURRED 6 21e. PLACE OF INJURY 211, LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 19 6 2 and that in (my) (my) aprinion deoth accurred on the date and hour and from the couses stated sow the deceased alive on above, (1) (ve) (did) (did not) view the body after death Dept SIGNAT DEGREE 22c. DATE SIGNED -ATTENDING MEDICAL STAFF be deto PHYSICIAN PHYSICIAN THE PETTSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be MPORT 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION (SPECIFY) 24.82 Burial June Nanjemov Baptist Nanjemoy Charles Md. 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 ADDRESS (VR A 15 (4)) Arehart Funeral Home, Inc., La Plata, Md

STATE OF MARYLAND

THE REAL PROPERTY OF THE PARTY muchal Joseph Vendersy Backish Maniendy Partholis Mid. See State of the s

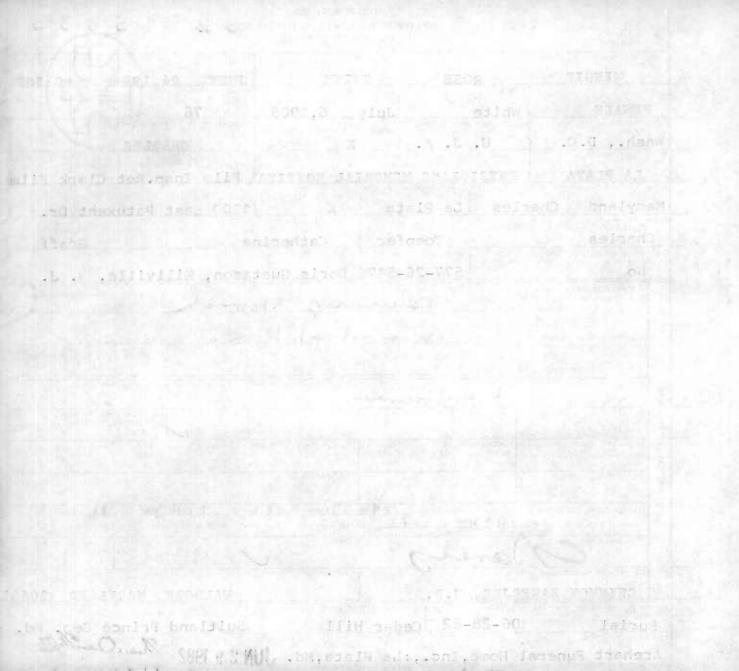
STATE OF MARYLAND

FOR

(VRA 15, 4)

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		FOR			FMARYLAND	(3 (3	I has	/ 0 13
	1	STATE REGISTRAR	DE		LTH AND MENTAL HY ATE OF DEATH		1 5	000
		CEASED NAME FIRST	MIDDLE	LAST		REG.		YEAR 2b HOUR
the same	TIAN	MINNIE	ROSE	CM	I T H	777777	0/ 1000	
	3. SE		4 RACE	5. DATE OF B		6. AGE (IN YEARS LAST	24 1982 BIRTHDÁY) IF UN	9:50 DER 1 YEAR IF UNDER 24 H
ELAN		FEMALE	White	MONTH	DAY YEAR	76	MONTH	S DATS HOURS M
210	7a. B	IRTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COU	July NTRY? 8	6,1905	76	OR COUNTY OF E	DEATH
8		ash. D.C.	U. S. A	MARRIED L	NEVER MARRIED		Tellis Control	
ed o		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME OR C	DIVORCED THER INSTITUTION	12a. USUAL OCCUPA	HARLES	& KIND OF BUSINESS
101	1	LA PLATA	(IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)		(TYPE OF WORK FOR MOS	T OF WORKING LIFE) IN	DUSTRY
o o	ซรบ	AL RESIDENCE (IF NURSING HOME	PHYSICIANS PROTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSIONI	AL HOSPIT	AL Film Ir	sp.Ret	Clark Fi
27		iryland Cha			INSIDE CITY LIMITS?	13e. STREET ADDRES		
a company		ATHER'S NAME	illes La P		MOTHER'S MAIDEN N	11200 Eas	t Patux	ent Dr.
TE X	1	Charles	MIDDLE LA	ST \	FIRST	MIDDLE		LAST
0	_	VAS DECEASED EVER IN U.S. A		epfer	Catheri		RESS	Graff
medico		YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					
the m	-	No	5//-	26-5478	Doris Gus	tason, Mi	llville	
+		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a), ((b), and (c).)		0		BETWEEN ONSET AND DEA
e ve			TE CAUSE (D)	Carring	van SI	omore		
or r		1519	DUE TO, OR AS A CON	SECULENCE OF	0			
8		Conditions, if any, which		im ma	I mu hi hi	0		
r fro		gave rise to immediate couse (a), stoting the)		V (1/VC) /			
oth		underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF				
, 0,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NO	T DELATED TO THE TER	MINIAL DISEASE OR SO	NE TION OF THE	
un la	NO		Hybrida	Se some	TRELATED TO THE TER	MINAL DISEASE OR CO	NOTITION GIVEN IN	PARI IIO
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ony ir	¥	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION W	AS PERFORMED	20g AUTOPSY?	20b. IF YES. WEI	RE FINDINGS LISED
Z Z	IFICAT	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION W	AS PERFORMED		IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
1	SERTIFICAT	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W			YES NO	IN CERTIFYING	CAUSES OF DEATH?
2	AL CERTIFICATION	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR			IN CERTIFYING	CAUSES OF DEATH?
9	1.00	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	C HOW INJURY OCCU	YES NO	IN CERTIFYING	CAUSES OF DEATH?
29	MEDICAL CERTIFICAT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR		YES NO	JURY IN ITEM 18 PART 1 O	CAUSES OF DEATH?
9	1.00	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFETHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	H DAY YEAR 19 DEFICE, FARM, ETC.)	C HOW INJURY OCCU	YES NO PRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 O	CAUSES OF DEATH? NO []
or Item	1.00	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFETHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE OF WHILE OF WORK OF WORK OF WORK OF WORK 22a.i certify that (1) (this hass	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	H DAY YEAR 19 21 OFFICE, FARM, ETC.) 21	LOCATION STREET	YES NO PRRED (ENTER NATURE OF IN	IN CERTIFYING YES JURY IN ITEM 18 PART 1 CO	CAUSES OF DEATH? NO DEPART?) OUNTY STATE Those (I) (we) I
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If item 21 is morked or item 18 shows.	WEDICAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IFETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hass saw the deceased alive obove, (1) (we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE CHINMOY BAR	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C intol) ottended the deceased of the company of the body offer death. OR PRINT) UERJEE, M.D.	DEG	L LOCATION STREET 19 8 That in (my) (our) opinion SREE ATTENDING PHYSICIAN ADDRESS ETERY OR CREMATORY	YES NOTORRED (ENTER NATURE OF IN CITY OR) CITY OR) A to C C C C C C C C C C C C C C C C C C	IN CERTIFYING YES JURY IN ITEM 18, PART 1 O JOWN CO JOWN AFF ICIAN 2	OUNTY STATE TAND 20



1982

Aremart Funeral Home, Inc. -La Plata, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

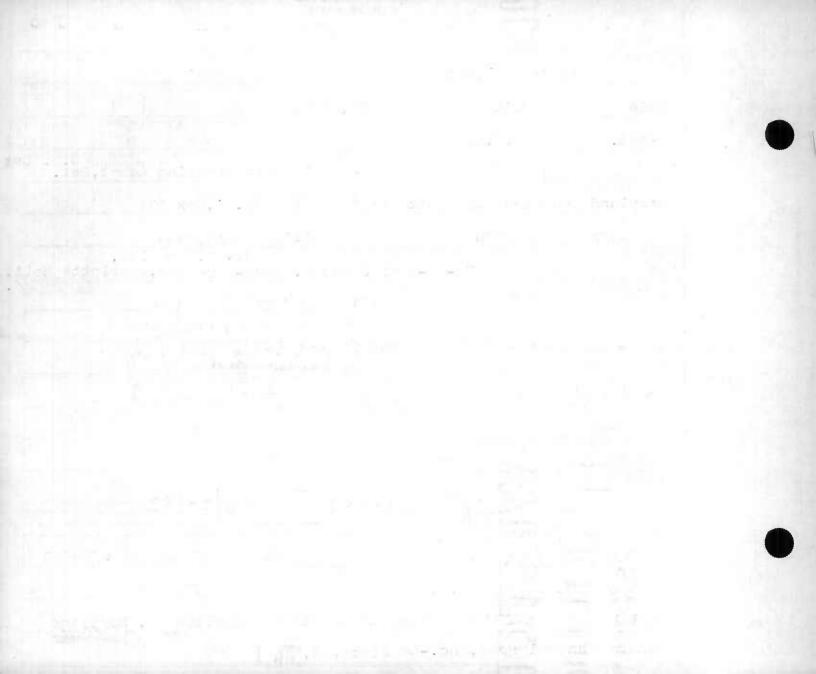
CERTIFICATE OF DEATH

FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78



FOR

STATE	OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

Ι.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
	DECEASED NAME FIRST	MIDDLE	ŧ	AST		AONTH DA	Y YEAR	26 HOUR
1,		hen Sherman	Watts		June 15,	1982		753 M
3. 3	Male Male	4 RACE Negro	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	IDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) and	76 CITIZEN OF WHAT COUN	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYC	FDEATH	
		U.S.A.	WIDOWE		Charle			MD
10.	La Plata	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Physicians	STREET ADDRESS)		170. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Truck Dri	WORKING LIFE)	INDUSTRY	vate
13	SUAL RESIDENCE (IF NUM NG HOME) STATE Maryland Ch		RIOWN	13d. INSIDE CITY LIMITS? YES NO	General I	elive	ery	
14.	FATHER'S NAME George	MIDDLE Watt	S	15. MOTHER'S MAIDEN NAM	WE		Young	g
160	WAS DECEASED EVER IN U.S. 1465, NO OR UNKNOWN) 14 YES.	CINE WAR OR DATES	SECURITY NO. 22-2675	Joseph Wa	ADDRES tts Gener	s La	Plata elive:	a, MD ry
NO		DUE TO, OR AS A CON- (b) YUPTU DUE TO, OR AS A CON- (c) Chro- T CONDITIONS CONTRIBUTING	sequence of	Icoholism NOT RELATED TO THE TERM			400	
CEPTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO			NGS USED OF DEATH?
MEDICAL CER			19	21c. HOW INJURY OCCURR 21f LOCATION STREET	RED (ENTER NATURE OF INJUR		COUNTY	STATE
	22a.l certify that (I) (this ha	spital) extended the deceased on 16 M & and an analysis with bady after death.	19 32, 01	nd that in (my) (our) opinion of DEGREE		te and hour o	22c DATE	SIGNED
	22d PHYSICIAN'S NAME (TY	Carter	n	ATTENDING PHYSICIAN Physicians	MEDICAL STAF	AN 🗸		: 14,1980 o, MD 206
23	BURIAL, CREMATION, REMOV	23b. DATE 6-18-82		ed Heart	23d LOCATION CITY OF TOWN LaPlata		arles	MD

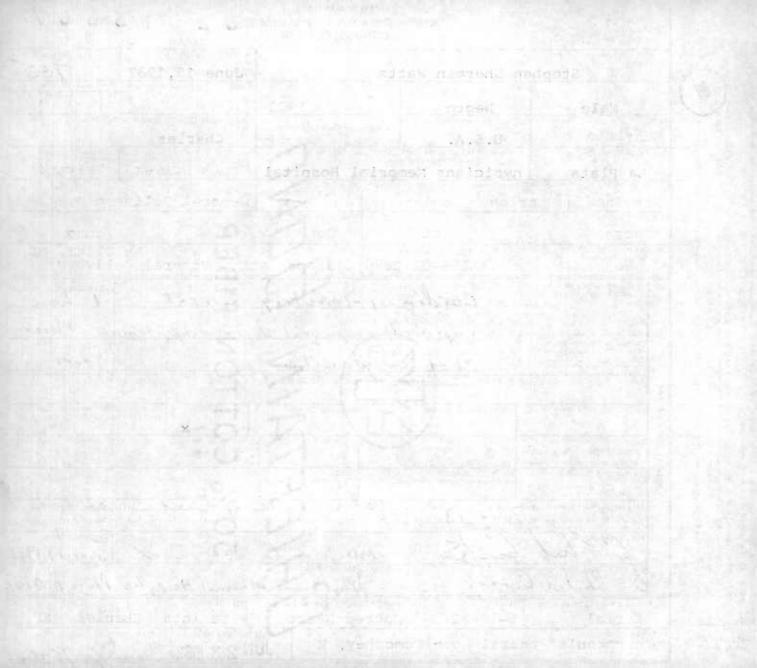
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior ta bi

Thornton's Funeral Home Pomonkey, MD

LaPlata Charles 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Three white the 190 miles we are seen we setson to the set of the set of the bonderies Maryland McQuarton La Plata 2 1215 Conty the deal to form 278-18-1707-A seco Standard La Tiota, rd. 200 d attended to the second of the second of selection to the selection of the select party of a state of the state o Line real ell Lance Tark Tribelle A Contact And the Court of t